

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<del>ASD</del> ASD		05-22-01
FORMALITY REVIEW	BE	897	08-06-07
RESPONSE FORMALITY REVIEW	BE	897	10-15-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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